704948072018 83:2	23 FAX 15082	616225	1			Ø 001/001
ADD		<b>_^ART</b> ∶	B - FEE(S) TRAN	SMITTAL		
TRADEMARK		ther with applicabl	e fee(s), to: <u>Mail</u> N ( I A or <u>Fax</u> (	Mail Stop ISSUI Commissioner fo CO. Box 1450 Alexandria, Virg 571)-273-2885	or Patents ginia 22313-1450	
				TION FEE (if requirements for the second contract of the second cont	nired). Blocks I through 5 will be mailed to the current; and/or (b) indicating a se	should be completed when it correspondence address in parate "FEE ADDRESS" in
CURRENT CORRESPONDS		lock 1 for any change of ackirose)	F	ote: A certificate of ec(s) Transmittal. Th spers. Each additions ive its own certificate	mailing can only be used als cartificate cannot be used al paper, such as an assigna e of mailing or transmission.	for domestic mailings of the for any other accompanying tent or formal drawing, mu-
Tyco Healthcar d/b/a Covidien 15 Hampshire St Mansfield, MA 0	re Group LP	9201 <b>0</b>	] Si au . ur	Cen hereby certify that the nates Posm! Service v idressed to the Mai ansmitted to the USP	rtificate of Mailing or Tran his Fee(s) Transmittal is ben with multiclent postinge for fi I Stop ISSUE FEE addres TO (571) 273-2885. on the	nsmission ng deposited with the Unite irst class mail in an envelop s above, or being facsimil date indicated below.
000 AMESTA2 000/30/2010 HDESTA2		585987	. [		Made	(Depositor's name)
<u></u>			Ψ.	MATTER &	Howale	(Signature)
FC 1504 300.00	) DA		<u>_</u>	April 30, 2	.010	(Duc)
APPLICATION NO. 10/585,987	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION:	SAFETY SHIELD					
		<u></u>				
APPLN. TYPE	SMALL ENTITY	issuf fee due	PUBLICATION FEE DUE	PREV. PAID ISSU	5 FEE TOTAL FEE(\$) DUI	E DATE DUE
APPLN. TYPE	SMALL ENITIY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	5 FEB TOTAL FEE(S) DUI	DATE DUE 05/05/2010
<u> </u>	NO					
nonprovisional  EXAMI  PRICE, NA	NO NER THAN R	\$1510 ART UNIT 3763	\$300			
nonprovisional  EXAMII  PRICE, NA  1. Change of corresponder  CFR 1.363).	NO NER THAN R nce address or indication	S1510  ART UNIT  3763  n of "Fee Address" (37	\$300  CLASS-SUBCLASS  604-110000  2. For printing on the (I) the names of up to agents OR, alternated	patent front page, list to 3 registered patent ivaly.	\$1810 st t oktorneys (_Lisa E	05/05/2010
PRICE, NA  1. Change of corresponder CFR 1.363)  Address form PTO/SB/	NO NER THAN R see address or indication indence address (or Chair 1/122) attached.	S1510  ART UNIT  3763  n of "Fee Address" (37  nge of Correspondence	\$300 CLASS-SUBCLASS 604-110000 2. For printing on the (1) the names of up 1	patent front page, list of 3 registered patentively.	\$1810 st t oktorneys (_Lisa E	
PRICE, NA  I. Change of corresponder CFR 1.363).  Change of correspon Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03 02 Number is required.  3. ASSIGNEE NAME AN	NO NER THAN R nee address or indication indence address (or Chai 122) attached. attoo (or "Fee Address" or more recent) attached.	S1510  ART UNIT  3763  n of "Fee Address" (37  nge of Correspondence  Indication form ed. Use of a Customer	\$300  CLASS-SUBCLASS  604-110000  2. For printing on the (1) the names of up or agents OR, alternative flatternative flatternati	patent front page, list of 3 registered patent ively.  Je firm (having as a agent), and the name or agents. If a c printed.	\$1810  It ottorneys Liea E  member a 2  es of up to no name is 3	05/05/2010 E. Winsor, Esq.
nonprovisional  EXAMII  PRICE, NA  1. Change of corresponder  CFR 1.363).  Change of correspon  Address form PTO/SB/  "Fee Address" indic  PTO/SB/47; Rev 03-02  Number in required.  3. ASSIGNEE NAME AN  PLEASE NOTE: Unles recordation as set forth  (A) NAME OF ASSIGN	NO NER THAN R nee address or indication indence address (or Chai 1/122) attached. attoo (or "Fee Address" or more recent) attache TO RESIDENCE DATA ss an ussignee is identi in 37 CFR 3.11. Comp	S1510  ART UNIT  3763  n of "Fee Address" (37  nge of Correspondence  Indication form ed. Use of a Customer  A TO BE PRINTED ON T  field below, no assigned letton of this form is NO	\$300  CLASS-SUBCLASS  604-110000  2. For printing on the (1) the names of up or agents OR, alternative flatternative flatternati	patent front page, list of 3 registered patent ivaly.  gle firm (having as a agent) and the name orneys or agents. If a printed.  Aprel)  putent. If an assignment.	st totorneys L_Lisa E mumber a 2 as of up to no name is 3 acc to identified below, the detection of the control	05/05/2010 E. Winsor, Esq.
nonprovisional  EXAMII  PRICE, NA  1. Change of corresponder  CFR 1.363).  Change of correspon  Address form PTO/SB/  "Fee Address" indic  PTO/SB/47; Rev 03-02  Number in required.  3. ASSIGNEE NAME AN  PLEASE NOTE: Unles recordation as set forth  (A) NAME OF ASSIGN	NO NER THAN R see address or indication indence address (or Chai 1/122) attached. attloo (or "Fee Address" or more recent) attache TO RESIDENCE DATA ss an assigned is identi in 37 CFK 3.11. Comp	S1510  ART UNIT  3763  n of "Fee Address" (37  nge of Correspondence  Indication form ed. Use of a Customer  A TO BE PRINTED ON T  field below, no assigned letton of this form is NO	\$300  CLASS-SUBCLASS  604-110000  2. For printing on the (1) the names of up to agents OR, alternatively latered attorney or 2 registered patent and listed, no name will be THE PATENT (print or ty dam will appear on the T a substitute for filing an (B) RESIDENCE: (CIT	patent front page, list of 3 registered patent ivaly.  gle firm (having as a agent) and the name orneys or agents. If a printed.  Aprel)  putent. If an assignment.	st Lisa E Lisa E mumber a 2 es of up to no name is 3 es te identified below, the country)	05/05/2010 E. Winsor, Esq.
nonprovisional  EXAMII  PRICE, NA  1. Change of corresponder  CFR 1.363).  Change of correspon  Address form PTO/SB/  "Fee Address" indic  PTO/SB/47; Rev 03-02  Number in required.  3. ASSIGNEE NAME AN  PLEASE NOTE: Unles recordation as set forth  (A) NAME OF ASSIGN	NO NER THAN R nee address or indication indence address or Chai (122) attached. attoo (or "Fee Address" or more recent) attach D RESIDENCE DATA ss an ussignee is identi In 37 CFR 3.11. Comp NEE heare Group	S1510  ART UNIT  3763  n of "Fee Address" (37  nge of Correspondence  Indication form ed. Use of a Customer  A TO BE PRINTED ON T  field below, no assigned delion of this form is NO.	\$300  CLASS-SUBCLASS  604-110000  2. For printing on the (1) the names of up to agents OR, alternatively latered attorney or 2. registered patent an listed, no name will be THE PATENT (print or to date will appear on the Tasubetitule for filing at (B) RESIDENCE: (CIT Mansfield	patent front page, list of a registered patent ivoly.  Jee Eirm (having as a agent) and the name orneys or agents. If a printed.  The printed.  The printed of a pasigner assignment.  Y and STATE OR C.  Massachus	st Lisa E Lisa E mumber a 2 es of up to no name is 3 es te identified below, the country)	05/05/2010  E. Winsor, Esq.  document has been filed for
PRICE, NA  1. Change of corresponder  CFR 1 363).  Change of corresponder  CFR 1 363).  Change of corresponder  CFR 1 363).  "Fee Address" indic  PTO/SB/47; Rev 03 02  Number is required.  3. ASSIGNEE NAME AN  PLEASE NOTE: Unler  recordation as set forth  (A) NAME OF ASSIGN  Tyco Healt  Please check the appropria  4a. The following fee(s) and  1 Issue Fee	NO  NER  THAN R  see address or indication indence address or Chai (122) attached.  cation (or "Fac Address" or more recent) attach  D RESIDENCE DATA  ss an assignee is identi in 37 CFR 3.11. Comp  NEE  ch care Group  de assignee category or the submitted;  small entity discount p	S1510  ART UNIT  3763  n of "Fee Address" (37  nge of Correspondence  Indication form ed. Use of a Customer  A TO BE PRINTED ON 1  field below, no assignee detton of this form is NO  LP  categories (will not be printed)	S300  CLASS-SUBCLASS  604-110000  2. For printing on the (1) the names of up to regard of a single of the control of the control of a single stered attentory or 2. registered patent an listed, no name will be THE PATENT (print or ty data will appear on the T a substitute for filing at (B) RESIDENCE: (CIT Mansfield inted on the patent):  Payment of Fee(s): (Ple A check is enclosed.  Payment by credit cases a substitute of the patents of t	patent front page, list of a registered patent involv.  It is firm (having as a agent) and the narroccurry or agents. If a printed.  If an assignment.  Y and STATE OR C.  Individual Co.  Buse first reapply on the print of the page of	st to the total state of up to no name is 3  ce is identified below, the country) setts  reporation or other private gray previously paid issue fee is attached.	OS/OS/2010  E. Winger, Esq.  document has been filed for our entity Government shown above)
PRICE, NA  I. Change of corresponder  CFR 1 363).  Change of corresponder  CFR 1 363).  Change of corresponder  CFR 1 363).  "Fee Address" indic  PTO/SB/47; Rev 03 02  Number is required.  3. ASSIGNEE NAME AN  PLEASE NOTE: Unler  recordation as set forth  (A) NAME OF ASSIGNET AND PLEASE OF ASSIGNET AND PLEASE OF ASSIGNET AND PLEASE OF ASSIGNET AND PLEASE CHECK THE STORY AND PLEASE OF ASSIGNET AND PLEASE CHECK THE STORY AND	NO  NER  THAN R  THAN	ART UNIT  3763  n of "Fee Address" (37  nge of Correspondence  Indication form ed. Use of a Customer  A TO BE PRINTED ON I field below, no assignee letton of this form is NO  LP  categories (will not be pri  4b  crimitted)	S300  CLASS-SUBCLASS  604-110000  2. For printing on the (1) the names of up to agents OR, alternas (2) the name of a single registered patent at listed, no name will be the PATENT (print or to date will appear on the Tasubetitute for filing at (B) RESIDENCE: (CIT Mansfield inted on the patent):  Payment of Fee(s): (Ple A check is enclosed.  Payment by credit as The Director is hereboverpayment, to Dep	patent front page, list to 3 registered patent ivaly. The firm (having as a agent) and the name conceys or agents. If a agent assignment. Y and STATE OR C Individual SI Co asse first reapply on the firm PTO-2038 by authorized to charge out Account Number	st totorneys I_Lisa F mamber a 2 es of up to no name is 3 ee to identified below, the of COUNTRY) Betts reportation or other private gr	OS/OS/2010  E. Winsor, Esq.  clocument has been filed for compenity Government shown above)  chickency, or credit any a catra copy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or rotatin a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

April 30, 2010

Registration No.\_

44,405

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature

Typed or printed name

Lisa E. Winsor